MARYLAND STATE DEPARTMENT OF HEALTH

Cod 10563

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 29

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Talbot; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton Md; LENGTH OF STAY (in this place) 70 yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Talbot; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
William	Hughlett	Adkins	October	11	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
M.	W.	Married	July 7, 1862	88 yrs.	3	26		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer	Practice of Farming	Talbot County	U.S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Isaac Leonard Adkins	Mary Elizabeth Hughlett

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No	None	Miss Edith Adkins, Easton Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

151X **Immediate cause** (a) Carcinoma of stomach

Antecedent cause(s)

46b Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Metastasis to Liver — (?)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
			m.		

22. I hereby certify that I attended the deceased from ....., 194.6., to 10/11/, 1950., that I last saw the deceased alive on 10/11/, 1950., and that death occurred at 8 15 P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
[signature]	M.D.	Easton Md	10/12/50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	October 13 1950	Spring Hill	Easton	Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
10/12/50	[signature]	[signature]	Easton Md

25693

RECEIVED
OCT 17 1950
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

10564

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton; LENGTH OF STAY (In this place) 13 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md.; COUNTY Caroline; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Preston; STREET ADDRESS (If rural, give location) ✓

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Robert	Joseph	Albert	Oct	7	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	white	Married	10-14-01	48 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer	Owner	New York (Brooklyn)	U. S. A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Mr. Walter Albert	Maria Patterson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or Unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
Unknown	~~Unknown~~ 109-05-9227	Mrs. Alice B. Albert - Wife

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cardiac failure due to	4wk.
414X 92C Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Rheumatic valvular heart disease	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Sept, 1949, to 7 Oct, 1950, that I last saw the deceased alive on 7 Oct, 1950, and that death occurred at 1:35 p.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Newton Lawson	M.D.	Easton, Maryland	10 Oct 50

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	10/10/50	Oxford	Oxford	Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
10/8/50	M. A. Merrill	Maurice E. Lundeen Sr	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
OCT 17 1950
BUREAU V. S

Oct 27, 1950

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10565

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot Co. | STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton. | LENGTH OF STAY (In this place) 23 hrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Easton Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. | COUNTY ~~Talbot~~ Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Federalsburg.
STREET ADDRESS (If rural, give location) Md.

3. NAME OF DECEASED (Type or Print): (First) Julia (Middle) Anderson. (Last)

4. DATE OF DEATH: (Month) Oct (Day) 28 (Year) 1950

5. SEX: Female | 6. COLOR OR RACE: Black | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M. | 8. DATE OF BIRTH: June 28, 1895 | 9. AGE last birthday: 55 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): H W | 10b. KIND OF BUSINESS OR INDUSTRY: Home | 11. BIRTHPLACE (State or foreign country): Caroline Co. Md | 12. CITIZEN OF WHAT COUNTRY: U.S

13. FATHER'S NAME: John Smith | 14. MOTHER'S MAIDEN NAME: Charlotte Holmes

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No | (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO.: none | 17. INFORMANT: Walter Anderson (Husband)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Hemorrhage | Interval Between Onset and Death:

332 X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
838 (b)
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 22 Oct, 1950, to 28 Oct, 1950, that I last saw the deceased alive on 28 Oct, 1950, and that death occurred at 6.02 P.m. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Thomas Harrison M.D. Easton Maryland 30 Oct 50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: 11/1/50 | NAME OF CEMETERY OR CREMATORY: Federal Hill | LOCATION (City, town, or county) (State): Federalsburg Md

DATE REC'D BY LOCAL REG. 10/29/50 | REGISTRAR'S SIGNATURE: M. H. Nevius

24. FUNERAL DIRECTOR: J. J. Frampton and Son, Federalsburg, Maryland | ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

BUREAU
NOV 9 1950

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. A15

T

MARYLAND STATE DEPARTMENT OF HEALTH

10566

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Easton
LENGTH OF STAY (in this place) 15 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton R.D.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Mary (Middle) Dixon (Last) Bartlett

4. DATE OF DEATH (Month) October (Day) 14 (Year) 1950

5. SEX F.

6. COLOR OR RACE W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH Mch 20, 1865

9. AGE last birthday 85 yrs. If under 1 year Months 6 Days 24 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper

10b. KIND OF BUSINESS OR INDUSTRY Housekeeper

11. BIRTHPLACE (State or foreign country) Talbot County

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Robert B. Dixon

14. MOTHER'S MAIDEN NAME S. Amanda Amos.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT Miss Virginia Bartlett

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
443 x Immediate cause	(a) Valvular heart disease	5 yrs.
92 d Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arterio-Sclerosis & Hypertension	15 yrs.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURRED While at Work ☐ Not While At work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb., 1943, to Oct., 1950, that I last saw the deceased alive on Oct. 14th, 1950, and that death occurred at ..... m., from the causes and on the date stated above.

SIGNATURE William S. Seymour (Degree or title) ADDRESS Easton Md. DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE THEREOF Oct. 17, 1950 NAME OF CEMETERY OR CREMATORY Spring Hill LOCATION (City, town, or county) Easton (State) Md.

DATE REC'D BY LOCAL REG. 10/15/50 REGISTRAR'S SIGNATURE N. H. Neerus

24. FUNERAL DIRECTOR [illegible] ADDRESS Easton, Md

RECEIVED
OCT 24 1950
BUREAU OF S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Kreck
10567
Reg. Dist. No. 290

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Talbot; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oxford (Rural); LENGTH OF STAY (in this place) 2 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md; COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oxford
STREET ADDRESS (If rural, give location) Rural

3. NAME OF DECEASED (Type or Print): (First) William (Middle) (Last) Briscoe

4. DATE OF DEATH: (Month) Oct. (Day) 12 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widower

8. DATE OF BIRTH: Nov. 1 1873

9. AGE last birthday: 76 yrs. If under 1 year: Months 11 Days 11 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Grinding Emergency

11. BIRTHPLACE (State or foreign country): Talbot Co.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Nicholas Briscoe

14. MOTHER'S MAIDEN NAME: Charlotte Brice

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT: Mrs. Isabella Pinder Oxford Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

443X
Immediate cause (a) Cerebral Hemorrhage — Interval Between Onset and Death: 3 mos

938
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Hypertensive Cardiovascular Disease — 4 yrs.
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:
(CITY OR TOWN) (COUNTY) (STATE):
TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 20, 1950, to Oct. 1, 1950, that I last saw the deceased alive on Oct. 1, 1950, and that death occurred at 8 A. m., from the causes and on the date stated above.

SIGNATURE: Shepard Kreck Jr (Degree or title): M.D. ADDRESS: Easton DATE SIGNED: 10/12/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: 10/14/50
NAME OF CEMETERY OR CREMATORY: Oxford - Matthews
LOCATION (City, town, or county): Oxford (State): Md.

DATE REC'D BY LOCAL REG.: 10/13/50
REGISTRAR'S SIGNATURE: N. A. Nevitt
24. FUNERAL DIRECTOR: Maurice E. Newnam & Son ADDRESS: 988 N Easton Md.

RECEIVED
OCT 17 1950
BUREAU V. S

W Palmer

10568

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH — COUNTY: Talbot — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Easton — LENGTH OF STAY (in this place): 10 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Easton Memorial Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Caroline — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Denton — Md
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): Agnes Case
4. DATE OF DEATH (Month) (Day) (Year): Oct 12 1950
5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): W
8. DATE OF BIRTH: Feb 14 1876
9. AGE last birthday: 74 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Mac Kennedy Ross
14. MOTHER'S MAIDEN NAME: Messia Moore
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Miss Mae Thompson

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral Thrombosis or Embolism — 11 days

433.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Auricular F. brillation

61 (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug, 1949, to 10/12, 1950, that I last saw the deceased alive on 10/12, 1950, and that death occurred at ..... m., from the causes and on the date stated above.

SIGNATURE: M. V. Palmer — (Degree or title): M. D. — ADDRESS: Easton, Md — DATE SIGNED: 10/30/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: Oct 16, 1950 — NAME OF CEMETERY OR CREMATORY: Abbottstown, Va. — LOCATION (City, town, or county): Abbottstown — (State): Va.

DATE REC'D BY LOCAL REG.: 10/13/50 — REGISTRAR'S SIGNATURE: N. H. Neeries — 24. FUNERAL DIRECTOR: J. Virgil Moore Son — ADDRESS: Denton

260X

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
NOV 8 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10569

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot County; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton, Md; LENGTH OF STAY (in this place) 4 yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Kent County; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rock Hall, Maryland; STREET ADDRESS (If rural, give location) 0

3. NAME OF DECEASED (Type or Print): (First) Arthur (Middle) (Last) Clifton

4. DATE OF DEATH: (Month) Oct. (Day) 26 (Year) 1950

5. SEX: M

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single

8. DATE OF BIRTH: Oct 18 1901

9. AGE last birthday: 49 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Waiter

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Michigan

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Martin Clifton

14. MOTHER'S MAIDEN NAME: Cinna Lovell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown):

16. (If yes, give war or dates of service) SOCIAL SECURITY No.: Unknown

17. INFORMANT: Mrs Florence Wilson

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

204.0 **Immediate cause** (a) Acute Lymphatic Leukemia — Interval Between Onset and Death: 6 weeks

74a **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1948, to 10/26, 1950, that I last saw the deceased alive on ....., 19....., and that death occurred at 4:15 P.M. m., from the causes and on the date stated above.

SIGNATURE: M. V. Palmer (Degree or title) ADDRESS: M. D. Easton, Md DATE SIGNED: 10/30/50

23. BURIAL, CREMATION REMOVAL (Specify): BURIAL

DATE THEREOF: Oct 29, 1950

NAME OF CEMETERY OR CREMATORY: Wesley Chapel

LOCATION (City, town, or county) (State): ROCK HALL KENT Md.

DATE REC'D BY LOCAL REG.: 10/28/50

REGISTRAR'S SIGNATURE: M. D. Merrick

22. FUNERAL DIRECTOR: J Willis Wells ADDRESS: CHESTERTOWN Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
NOV 6 1990
BUREAU P. R.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10570

CERTIFICATE OF DEATH

Reg. Dist. No. 290

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Talbot; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton | LENGTH OF STAY (in this place) 3 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS Easton Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
STREET ADDRESS (If rural, give location) August Street

3. NAME OF DECEASED (Type or Print): (First) Fannie (Middle) Smith (Last) Davenport
4. DATE OF DEATH: (Month) Oct (Day) 24 (Year) 1950
5. SEX: F
6. COLOR OR RACE: C
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Divorced
8. DATE OF BIRTH: Sept. 19, 1900
9. AGE last birthday: 50 yrs. | If under 1 year: Months, Days | If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Domestic
10b. KIND OF BUSINESS OR INDUSTRY: H. W.
11. BIRTHPLACE (State or foreign country): Md Queen City
12. CITIZEN OF WHAT COUNTRY? U S A
13. FATHER'S NAME: Willie Christeau
14. MOTHER'S MAIDEN NAME: Ellen Dobson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If yes, give war or dates of service)
15. SOCIAL SECURITY NO.: Unemployed
17. INFORMANT: Evelyn Mourad

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Acute Pulmonary Edema	minutes
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertension	yrs.
	(c)	

444X
102

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-1 50, to 10-24 50, that I last saw the deceased alive on 10/24 50, and that death occurred at 9:57 p.m., from the causes and on the date stated above.

SIGNATURE: M. F. Buell | (Degree or title) MD | ADDRESS Easton | DATE SIGNED Md 10-25-50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF 10/30/50 | NAME OF CEMETERY OR CREMATORY: Chapel | LOCATION (City, town, or county) (State): Easton R1 Md

DATE REC'D BY LOCAL REG. 10/25/50 | REGISTRAR'S SIGNATURE: N. A. Neeres | 24. FUNERAL DIRECTOR: Luther D. Williams | ADDRESS: Easton Md

52086

RECEIVED
NOV 6 1950
BUREAU V. S

9/30

10571

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH · COUNTY: Talbot — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Easton — LENGTH OF STAY (in this place): 20 hrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Memorial Hospital.

2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Md. — COUNTY: Queen Anne
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Centreville Md.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Elizabeth (Middle) D. (Last) Day.
4. DATE OF DEATH: (Month) 10 (Day) 1 (Year) 1950.
5. SEX: F.
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: March 8, 1896
9. AGE last birthday: 54 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY: H.W
11. BIRTHPLACE (State or foreign country): Balt. Md
12. CITIZEN OF WHAT COUNTRY: USA
13. FATHER'S NAME: Mr Richard F. Hook
14. MOTHER'S MAIDEN NAME: Elizabeth Gambrell
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY No.: None
17. INFORMANT: Mr Franklin D. Day

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

443 x Immediate cause (a) Cardiac failure - due hypertension — 2 wks.

93d Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardio - vascular disease

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify): — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): — (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 30 Sept, 1950, to 1 Oct, 1950, that I last saw the deceased alive on 1 Oct, 1950, and that death occurred at 11:30 p.m., from the causes and on the date stated above.

SIGNATURE: Nicholas Harrison — (Degree or title): M.D. — ADDRESS: Easton Maryland — DATE SIGNED: 2 Oct 50

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 10/4/50. — NAME OF CEMETERY OR CREMATORY: Chesterfield — LOCATION (City, town, or county): Centreville (State): Md
DATE REC'D BY LOCAL REG.: 10/2/50 — REGISTRAR'S SIGNATURE: N.H. Neerus — 24. FUNERAL DIRECTOR: Barton Bros — ADDRESS: Centreville, Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
OCT 10 1950
BUREAU V. S

10572

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot MARYLAND Md
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton Md. LENGTH OF STAY (in this place) From 10/8/50 to 10/11/50
HOSPITAL OR INSTITUTION OR STREET ADDRESS Easton Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton Md.
STREET ADDRESS (If rural, give location) 511 Clover St.

3. NAME OF DECEASED (Type or Print) (First) Mrs. Sarah (Middle) Virginia (Last) Diamond.

4. DATE OF DEATH (Month) (Day) (Year) October 11 1950.

5. SEX Female.
6. COLOR OR RACE White.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH 11/28/75
9. AGE last birthday 74 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) H.W.
10b. KIND OF BUSINESS OR INDUSTRY Own home
11. BIRTHPLACE (State or foreign country) Tunis Mills, Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Mr. William Shannahan
14. MOTHER'S MAIDEN NAME Elizabeth McCullin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. ~~UNKNOWN~~ none
17. INFORMANT Mrs. Mary A. Jefferson - Daughter

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral hemorrhage	3 days.
443X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertensive Encephalopathy	years.
93d	(c) Hypertensive Cardiovascular Disease	years.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Rheumatoid Arthritis years.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURRED While at Work ☐ Not While At work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April, 1950, to 10/10, 1950, that I last saw the deceased alive on 10/10, 1950, and that death occurred at 7:30 a.m., from the causes and on the date stated above.

SIGNATURE Shepard Kreck Jr (Degree or title) M.D. ADDRESS Easton DATE SIGNED 10/11/50.

23. BURIAL, CREMATION REMOVAL (Specify) Buried DATE THEREOF Oct 13, 50 NAME OF CEMETERY OR CREMATORY Spring Hill LOCATION (City, town, or county) Easton (State) Md

DATE REC'D BY LOCAL REG. 10/12/50 REGISTRAR'S SIGNATURE N.H. Neeries 24. FUNERAL DIRECTOR Maurice E. Newnam ADDRESS Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
OCT 17 1950
BUREAU V. R

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10573

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot County; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton; LENGTH OF STAY (in this place) 4 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Caroline; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Englesside, Maryland; STREET ADDRESS (If rural, give location) —

3. NAME OF DECEASED (Type or Print): (First) LaTTie (Middle) L. (Last) DUKES

4. DATE OF DEATH: (Month) Oct (Day) 13 (Year) 1950

5. SEX: F

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 8-4-83

9. AGE last birthday: 67 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): —

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): BaLtimore, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Mr. Thomas B. Deems

14. MOTHER'S MAIDEN NAME: Amelia Collins

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)

16. SOCIAL SECURITY No.: unknown

17. INFORMANT: MR. WATTer L. DUKES, Husband

18. MEDICAL CERTIFICATION — Price MD

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Apoplexy	One week
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) H. C. V. D.	?
	(c) Diabetes mellitus	?

260X 61

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/9, 1950, to 10/13/, 1950, that I last saw the deceased alive on 10/13/, 1950, and that death occurred at 12 35 a.m., from the causes and on the date stated above.

SIGNATURE: B Cox M.D. (Degree or title) ADDRESS: Easton Md DATE SIGNED:

23. BURIAL, CREMATION, REMOVAL (Specify) — DATE THEREOF: Oct 15, 1950 — NAME OF CEMETERY OR CREMATORY: Church Hill — LOCATION (City, town, or county): Church Hill (State): Md.

DATE REC'D BY LOCAL REG. 10/17/50 — REGISTRAR'S SIGNATURE: M.A. Reeves — 24. FUNERAL DIRECTOR: Edgar L. Lane — ADDRESS: Church Hill Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
OCT 24 1950
BUREAU OF S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

10574

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
LENGTH OF STAY (in this place) 3 days.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Easton Memorial Hospital.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland. COUNTY Talbot.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton Md.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Chas (Middle) A (Last) Geatty
4. DATE OF DEATH (Month) 10 - (Day) 10 - (Year) 1950
5. SEX Male.
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married
8. DATE OF BIRTH 6-8-83
9. AGE last birthday 67 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Vice President
10b. KIND OF BUSINESS OR INDUSTRY National Lead Co. of N.Y.
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Mr. Albert T. Geatty
14. MOTHER'S MAIDEN NAME Mary E. Nonemaker
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) unknown (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. unknown
17. INFORMANT Mrs. Blanche Geatty - Wife

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) ACUTE CONGESTIVE HEART FAILURE	3 days
420.0 93d Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) HYPERTENSIVE CARDIOVASCULAR DISEASE	15 yrs.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. ARTERIOSCLEROTIC HEART DISEASE 5 yrs

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov., 1949, to 10/10, 1950, that I last saw the deceased alive on 10/10, 1950, and that death occurred at 1:23 A.m., from the causes and on the date stated above.

SIGNATURE Shepard Krech Jr (Degree or title) M.D. ADDRESS Easton Md. DATE SIGNED 10/10/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 10/12/50
NAME OF CEMETERY OR CREMATORY Louden Park
LOCATION (City, town, or county) Balto (State) Md
DATE REC'D BY LOCAL REG. 10/11/50
REGISTRAR'S SIGNATURE N.H. Neeres
24. FUNERAL DIRECTOR Wm J. Tickner & Sons ADDRESS Balto Md.

15644

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
OCT 24 1950
BUREAU V. S

10575

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
LENGTH OF STAY (In this place) 28 dos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Easton Memorial.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland. COUNTY Talbot.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN St Michaels Md.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Nettie (Middle) A (Last) Green.

4. DATE OF DEATH (Month) 10 (Day) 2. (Year) 1950.

5. SEX Female.
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Sept 13, 1887
9. AGE last birthday 63 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None
10b. KIND OF BUSINESS OR INDUSTRY None
11. BIRTHPLACE (State or foreign country) Penn
12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME Mr George Cole
14. MOTHER'S MAIDEN NAME Emma Milbourn

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT Mr Herbert Green 700 Roosevelt Ave, York Pa

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
443x	Immediate cause	(a) Hemorrhage - subarachnoid	32 days
93d	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertensive cardio-vascular disease	years?
		(c) Gangrene: small and large intestines	32 days (?)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Auricular fibrillation & cardiac failure — 5 days.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 2, 1950, to Oct. 1, 1950, that I last saw the deceased alive on OCT 1, 1950, and that death occurred at 12:10 SA m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Arthur V. Mitchell M.D. ADDRESS St. Michaels Po Box 388 DATE SIGNED 10-2-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 10/4/50
NAME OF CEMETERY OR CREMATORY Shiloh
LOCATION (City, town, or county) York Co. (State) Pa

DATE REC'D BY LOCAL REG. 10/3/50
REGISTRAR'S SIGNATURE N. H. Nevries
24. FUNERAL DIRECTOR Newnam & Harrison ADDRESS St. Michaels

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
OCT 10 1950
BUREAU OF S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10576

CERTIFICATE OF DEATH

Reg. Dist. No. 294

M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

I

VS. A15

1. PLACE OF DEATH
COUNTY: Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hittman, Md.
LENGTH OF STAY (in this place): Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland
COUNTY: Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hittman, Maryland
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Ila (Middle) M. (Last) Harrison

4. DATE OF DEATH: (Month) Oct. (Day) 19 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Dec. 20, 1886

9. AGE last birthday: 63 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Talbot County, Maryland

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: William J. Harrison

14. MOTHER'S MAIDEN NAME: Anna V. Williams

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): —

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Arthur C. Harrison, Hittman, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

163X **Immediate cause** (a) Cerebral Hemorrhage — 6 weeks

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

47d (b) Thrombosis

(c) none

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
V

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 10, 1950, to Oct 19, 1950, that I last saw the deceased alive on Oct 16, 1950, and that death occurred at 12:10 m., from the causes and on the date stated above.

SIGNATURE: Eugene Reese MD (Degree or title) ADDRESS: Tilghman, Md. DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: Oct 21, 1950
NAME OF CEMETERY OR CREMATORY: Sherwood Cemetery
LOCATION (City, town, or county) (State): Sherwood, Md.

DATE REC'D BY LOCAL REG.: Oct. 20-50
REGISTRAR'S SIGNATURE: G. L. Besley, Secretary

24. FUNERAL DIRECTOR: Newnam & Harrison
ADDRESS: St. Michaels, Md.

RECEIVED
OCT 24 1950
BUREAU V. S

Dr. Webb

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10577

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot Co. Md. MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton — LENGTH OF STAY (in this place) Life	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton Md.
HOSPITAL OR INSTITUTION OR STREET ADDRESS None	STREET ADDRESS (If rural, give location) 111 Hanson St

3. NAME OF DECEASED (Type or Print)	(First) Meta	(Middle) Jenkins	(Last) Henry	4. DATE OF DEATH	(Month) 10	(Day) 12	(Year) 1950
5. SEX female	6. COLOR OR RACE Col	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married	8. DATE OF BIRTH 12/25/1913	9. AGE last birthday 36 yrs.	If under 1 year Months	Days	If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Homemaker	10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (State or foreign country) Easton		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME Thomas Jenkins			14. MOTHER'S MAIDEN NAME Irene Green				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. —		17. INFORMANT Fran Henry				

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

331X Immediate cause (a) Cerebral Hemorrhage — none

83a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) same

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from 10/12, 1950, to 10/12, 1950, that I last saw the deceased alive on 10/12, 1950, and that death occurred at 1.25 P m., from the causes and on the date stated above.

SIGNATURE Hayward T. (Degree or title) Webb, M.D. ADDRESS 633 Dover St. Easton Md DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) Bavar	DATE THEREOF 10-16-50	NAME OF CEMETERY OR CREMATORY Richardson Mem	LOCATION (City, town, or county) Easton (State)
DATE REC'D BY LOCAL REG. 10/13/50	REGISTRAR'S SIGNATURE N. H. Neerus	24. FUNERAL DIRECTOR Booker M West — Salisbury Md.	ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

RECEIVED
OCT 17 1950
BUREAU V. S

Baybutt

10578

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot Easton MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
LENGTH OF STAY (in this place) 13 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital, Easton, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Queen Anne
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Centreville
STREET ADDRESS (If rural, give location) —

3. NAME OF DECEASED (Type or Print) (First) Barbara (Middle) (Last) Jacobs

4. DATE OF DEATH (Month) Oct (Day) 12 (Year) 1950

5. SEX Female

6. COLOR OR RACE Black

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH 12-15-36

9. AGE last birthday 13 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) —

10b. KIND OF BUSINESS OR INDUSTRY —

11. BIRTHPLACE (State or foreign country) Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Owens Jacobs

14. MOTHER'S MAIDEN NAME Dorothy Conyer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)

16. SOCIAL SECURITY No. ~~unknown~~ no

17. INFORMANT Dorothy Dixon - mother

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cardiac decompensation - chronic	9 mo
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Rheumatic Heart Disease - M I + M.S.	2 yr
	(c)	

416X
95b

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-31, 1950, to 10-12, 1950, that I last saw the deceased alive on 10-12, 1950, and that death occurred at 2:23 p.m., from the causes and on the date stated above.

SIGNATURE John E Baybutt MD (Degree or title) ADDRESS 214 Dover St Easton Md DATE SIGNED 10-13-50

23. BURIAL, CREMATION REMOVAL (Specify) DATE THEREOF Oct 14-50 NAME OF CEMETERY OR CREMATORY Centreville Md. LOCATION (City, town, or county) Centreville (State) Md.

DATE REC'D BY LOCAL REG. 10/13/50 REGISTRAR'S SIGNATURE N H Norris

24. FUNERAL DIRECTOR Lewis A. Henry, 222 Cedar St Cambridge Md ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

M

I

T

RECEIVED
OCT 17 1960
BUREAU V. R

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

10579

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot County | MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton | LENGTH OF STAY (In this place) 6 hrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Easton Memorial Hosp. Tal

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland | COUNTY Queen Anne
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Grasonville, Md.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Frank (Middle) (Last) Johnson

4. DATE OF DEATH: (Month) Oct (Day) 22 (Year) 1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
M	C	Married	Oct 12 1924	26 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Oysterman
10b. KIND OF BUSINESS OR INDUSTRY Laborer
11. BIRTHPLACE (State or foreign country) Md
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Walter Johnson
14. MOTHER'S MAIDEN NAME Hester Hoarsey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. Unknown
17. INFORMANT Thelma Johnson

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
983X Immediate cause	(a) Sub-dural hemorrhage left	36 hrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 168	(b) Rupture middle meningeal vein	36 hrs.
	(c) Blow on head while fighting	36 hrs

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☑ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY Street | (CITY OR TOWN) Kent Narrows | (COUNTY) Queen Anne | (STATE) Md.

TIME OF INJURY (Month) (Day) (Year) (Hour) 10 20 50 4 P m. | INJURY OCCURRED While at work ☐ Not while at work ☑ | HOW DID INJURY OCCUR? Fight while intoxicated

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☑, undetermined ☐.*

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED
J. T. B. Ambler M.D. | 214 Dover St. Easton Md | 10/24/50

23. BURIAL, CREMATION OR REMOVAL (Specify) Burial | DATE THEREOF 10/25/50 | NAME OF CEMETERY OR CREMATORY Kent Island | LOCATION (City, town, or county) Chester | (State) Md.

DATE REC'D BY LOCAL REG. 10/26/50 | REGISTRAR'S SIGNATURE N. H. Nelms | 24. FUNERAL DIRECTOR F. B. Johnson | ADDRESS Centreville

900 VI

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
OCT 31 1950
BUREAU V. II

Rc Seymour
10580

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH· COUNTY Talbot MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED· STATE Maryland COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Cordova, LENGTH OF STAY (in this place) 45 yrs	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Cordova, Md.
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)	(First) Martha	(Middle) Salomi	(Last) Kunze	4. DATE OF DEATH	(Month) October	(Day) 10	(Year) 1950
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Jan 14, 1869	9. AGE last birthday 81 yrs.	If under 1 year Months.	Days	If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper	10b. KIND OF BUSINESS OR INDUSTRY Housekeeper	11. BIRTHPLACE (State or foreign country) Germany	12. CITIZEN OF WHAT COUNTRY? U. S.				
13. FATHER'S NAME Julius Friedler	14. MOTHER'S MAIDEN NAME Pauline Gerlach						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	(If year, give war or dates of service)	16. SOCIAL SECURITY No. None	17. INFORMANT AND ADDRESS Mrs Salomi Beckens, Cordova				

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Valvular heart with decompensation	1 yr.
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Pulmonary tuberculosis	20 yrs.
	(c)	

002X
13b

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March, 1937, to Oct., 1950, that I last saw the deceased alive on Oct. 10, 1950, and that death occurred at 7.15 P. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
William S. Seymour	MD	Easton Md.	

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE Oct. 14, 1950	NAME OF CEMETERY OR CREMATORY German Wesleyan Cemetery	LOCATION (City, town, or county) Cordova. (State) Md
DATE REC'D BY LOCAL REG. 10/11/50	REGISTRAR'S SIGNATURE N. H. Neeves	24. FUNERAL DIRECTOR [illegible]	ADDRESS Easton Md

52086

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
OCT 17 1950
BUREAU V. S

Plummer

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

10581

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot — Easton MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton — LENGTH OF STAY (in this place) 29 hrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Easton Memorial Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton, Md
STREET ADDRESS (If rural, give location) Glebe Road

3. NAME OF DECEASED (Type or Print) (First) MR John (Middle) Richard ~~Marine~~ (Last) Marine

4. DATE OF DEATH (Month) Oct (Day) 5 (Year) 1950

5. SEX M — 6. COLOR OR RACE W — 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) M — 8. DATE OF BIRTH Jan. 18, 1886 — 9. AGE last birthday 64 yrs. — If under 1 year Months / Days — If under 24 hrs. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired — 10b. KIND OF BUSINESS OR INDUSTRY Farm Owner — 11. BIRTHPLACE (State or foreign country) Md (Caroline Co) — 12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Mr Thomas R. Marine — 14. MOTHER'S MAIDEN NAME Hester Blanche

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) — 16. SOCIAL SECURITY NO. ~~Unknown~~ — 17. INFORMANT Mrs Bessie Marine Easton, Md.

18. MEDICAL CERTIFICATION 215-12-6054

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Pulmonary Edema. Right Ventricular Failure. — 36 hours

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Coronary Sclerosis — 6 years.

94a (c) Generalized Arteriosclerosis — 10

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 1, 1944, to October 5, 1950, that I last saw the deceased alive on 10/5 1950, and that death occurred at 11 PM m., from the causes and on the date stated above.

SIGNATURE [signature] (Degree or title) M.D. — ADDRESS Preston Maryland — DATE SIGNED 10/6/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial — DATE THEREOF 10/8/50 — NAME OF CEMETERY OR CREMATORY Still Crest — LOCATION (City, town, or county) Federalsburg (State) Md

DATE REC'D BY LOCAL REG. 10/6/50 — REGISTRAR'S SIGNATURE N.H. Neerus — 24. FUNERAL DIRECTOR J.J. Frampton Sen. Federalsburg Md. — ADDRESS

000 W

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
OCT 17 1950
BUREAU V. S

10582

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH — COUNTY: Talbot — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Easton, Md. — LENGTH OF STAY (in this place): 2hr 5min
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Easton Memorial

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md — COUNTY: Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Easton
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): DABY MILLIGAN
4. DATE OF DEATH (Month) (Day) (Year): Oct 31 1950
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):
8. DATE OF BIRTH: Oct. 31, 1950
9. AGE last birthday: yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours 2 / Min. 5
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): MARYLAND.
12. CITIZEN OF WHAT COUNTRY?:
13. FATHER'S NAME: HAROLD J. MILLIGAN
14. MOTHER'S MAIDEN NAME: Evelyn Wheatley
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: none
17. INFORMANT: Harold Milligan

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Meningo Myelocele c Spina B. Fida — 2 hour.

751X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

157b (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify): — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): — (CITY OR TOWN) (COUNTY) (STATE):
TIME OF INJURY (Month) (Day) (Year) (Hour) m.: — INJURY OCCURRED While at Work ☐ Not While At work ☐: — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from October 31, 1950, to October 31, 1950, that I last saw the deceased alive on October 3, 1950, and that death occurred at 6:05 P.m., from the causes and on the date stated above.

SIGNATURE: Harold B Pruneau (Degree or title) — ADDRESS: P O Box #95 Preston Maryland — DATE SIGNED: 11/1/50

23. BURIAL, CREMATION REMOVAL (Specify): — DATE THEREOF: 11/1/50 — NAME OF CEMETERY OR CREMATORY: Washington Cem. — LOCATION (City, town, or county) (State): Hurlock, Md.

DATE REC'D BY LOCAL REG.: 10/31/50 — REGISTRAR'S SIGNATURE: N. H. Neerus — 24. FUNERAL DIRECTOR: Adams & Williamson — ADDRESS: Federalsburg, Md.

2-0-0-31-0-36-5-99-V

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M C I VS. A15

RECEIVED
NOV 8 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10583

CERTIFICATE OF DEATH

Reg. Dist. No. 29 D

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY Talbot — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton — LENGTH OF STAY (In this place) 1 day.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Easton Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland — COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
STREET ADDRESS (If rural, give location) 505 Goldsboro Street

3. NAME OF DECEASED (Type or Print) (First) Eva (Middle) (Last) Neal.

4. DATE OF DEATH (Month) Oct. (Day) 27 (Year) 1950

5. SEX female

6. COLOR OR RACE white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married

8. DATE OF BIRTH April 22, 1887

9. AGE last birthday 63 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) N.W.

10b. KIND OF BUSINESS OR INDUSTRY Own home

11. BIRTHPLACE (State or foreign country) Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Mr George W. Craft

14. MOTHER'S MAIDEN NAME Ida Ferguson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. Unknown

17. INFORMANT Mr William Neal

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Hemorrhage from Right Middle Cerebral Artery. — 20 hours

443 X 93d Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive Cardiovascular Disease — Years.

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March, 1949, to Oct., 1950, that I last saw the deceased alive on Oct 27, 1950, and that death occurred at 1:35 p. m., from the causes and on the date stated above.

SIGNATURE Shepard Krech Jr — (Degree or title) M. D. — ADDRESS Easton — DATE SIGNED 10/28/50

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 10/30/50 — NAME OF CEMETERY OR CREMATORY Spring Hill — LOCATION (City, town, or county) Easton — (State) Md

DATE REC'D BY LOCAL REG. 10/28/50 — REGISTRAR'S SIGNATURE M. H. Nevires

24. FUNERAL DIRECTOR R. E. Clark. — ADDRESS Rev. J. W. Lawson.

RECEIVED
NOV 6 1950
BUREAU V. S

10584

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 294

1. PLACE OF DEATH · COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural
LENGTH OF STAY (in this place) Two
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED · STATE Maryland COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Wittman
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) MARY ELLEN (Middle) (Last) NOLL

4. DATE OF DEATH (Month) October (Day) 29 (Year) 1950

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widowed
8. DATE OF BIRTH July 21 1867
9. AGE last birthday 83 63 yrs. If under 1 year Months 87 Days 17 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Own Home
11. BIRTHPLACE (State or foreign country) Pa
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Jasper Sheeler
14. MOTHER'S MAIDEN NAME Mary Borkett

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT Mr Sheeler . Wittman Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Myocardial Failure — INTERVAL BETWEEN ONSET AND DEATH 2 days

447x Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Artery Sclerosis. Hypertension

97 (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April, 1950, to October 1950, that I last saw the deceased alive on Oct 29, 1950, and that death occurred at 2:45 P.m., from the causes and on the date stated above.

SIGNATURE Guy M Reeser (Degree or title) M.D. ADDRESS Tilghman 10-29-50 DATE SIGNED md

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Nov. 1-50
NAME OF CEMETERY OR CREMATORY Charles Evans Cemetery
LOCATION (City, town, or county) (State) Reading - pa.

DATE REC'D BY LOCAL REG. Oct 29
REGISTRAR'S SIGNATURE G. Wesley Sewell
24. FUNERAL DIRECTOR Harold B. Mulligan ADDRESS 1119 W. Leigh ave. Phila. pa.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
NOV 7 1950
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10585

CERTIFICATE OF DEATH

Reg. Dist. No. 290

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Talbot. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton. | LENGTH OF STAY (in this place) 11 days.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Easton Memorial

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Denton.
STREET ADDRESS (If rural, give location) E. Washington Street

3. NAME OF DECEASED (Type or Print): (First) William (Middle) B. (Last) Parks.
4. DATE OF DEATH: (Month) Oct. (Day) 29 (Year) 19 50.

5. SEX: Male. | 6. COLOR OR RACE: White. | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married | 8. DATE OF BIRTH: Jan 17, 1874 | 9. AGE last birthday: 76 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None | 10b. KIND OF BUSINESS OR INDUSTRY: None | 11. BIRTHPLACE (State or foreign country): Maryland | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Mr Thomas Parks | 14. MOTHER'S MAIDEN NAME: Laura Brown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO.: Unknown | 17. INFORMANT: Mr Henry Parks

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Uremia — 1 month

177X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Urinary obstruction — 10 weeks

510 (c) Carcinoma of the Prostate — 3 years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: Jan 24, 1948 | 19b. MAJOR FINDINGS OF OPERATION: Hypertrophied Prostate Malignant | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 18, 1948, to Oct 29, 1950, that I last saw the deceased alive on Oct 29, 1950, and that death occurred at 12 noon m., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED
John F. Schneider. M.D. | Easton Md | Oct 30/1950

23. BURIAL, CREMATION OR REMOVAL (Specify) Burial | DATE THEREOF Nov 1, 1950 | NAME OF CEMETERY OR CREMATORY Denton Cemetery | LOCATION (City, town, or county) Denton Caroline | (State) Md

DATE REC'D BY LOCAL REG. 10/30/50 | REGISTRAR'S SIGNATURE N. A. Nevires | 24. FUNERAL DIRECTOR J. Lloyd Moore | ADDRESS Denton

XVX99

RECEIVED
NOV 6 1950
BUREAU V. S

10586

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Talbot — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton Rural — LENGTH OF STAY (in this place) 20 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton Rural
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) Maurer (Last) Franck

4. DATE OF DEATH: (Month) October (Day) 25 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widow

8. DATE OF BIRTH: June 13 1874

9. AGE last birthday: 76 yrs. — If under 1 year: Months 4 Days 12 — If under 24 hrs.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired

10b. KIND OF BUSINESS OR INDUSTRY: Housewife

11. BIRTHPLACE (State or Foreign Country): Shamokin, Penna.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Maurer

14. MOTHER'S MAIDEN NAME: Maria Wolfgang

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Mrs Doris Reed, Easton, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Thrombosis — Interval between onset and death: 6 months

420.1 / 50 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis — 20 yr.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Carcinoma rt. breast removed — 12 yr.

19a. DATE OF OPERATION: 1938

19b. MAJOR FINDINGS OF OPERATION: Carcinoma of breast

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1943, to October, 1950, that I last saw the deceased alive on 10/25/, 1950, and that death occurred at 11:10 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) M. V. Palmer M. D.

ADDRESS Easton, Md.

DATE SIGNED 10/26/50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: October 28 50

NAME OF CEMETERY OR CREMATORY: Woodlawn

LOCATION (City, town, or county) (State): Port Deposit, Md.

DATE REC'D BY LOCAL REG. 10/26/50

REGISTRAR'S SIGNATURE: H. H. Reeves

24. FUNERAL DIRECTOR: John D. Williams

ADDRESS: Easton, Md.

RECEIVED
OCT 31 1950
BUREAU V. A

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10587

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH COUNTY Talbot MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE Md. COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Williamsburg — LENGTH OF STAY (in this place) 2 yrs	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
HOSPITAL OR INSTITUTION OR STREET ADDRESS Home	STREET ADDRESS (If rural give location) Easton R.F.D. 4

3. NAME OF DECEASED (Type or Print) (First) Agnes (Middle) (Last) Roberts

4. DATE OF DEATH (Month) 10 (Day) 19 (Year) 50

5. SEX F — 6. COLOR OR RACE Col — 7. ~~SINGLE~~, MARRIED, ~~WIDOWED, DIVORCED~~, (Specify) — 8. DATE OF BIRTH About 1881 — 9. AGE last birthday 69 yrs. — If under 1 year Months Days — If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) H.W. — 10b. KIND OF BUSINESS OR INDUSTRY — 11. BIRTHPLACE (State or foreign country) Md. — 12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Daniel Leatherbury — 14. MOTHER'S MAIDEN NAME Lettie Coquel

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no — (If yes, give war or dates of service) — 16. SOCIAL SECURITY No. 219-14-3616 — 17. INFORMANT James E Roberts

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral vascular accident — 3 days

331X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hemiplegia rt — 6 mo

83a (c) Gen. Art Sclerosis — yr

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-21, 1948, to 10-19, 1950, that I last saw the deceased alive on 10-19, 1950, and that death occurred at 345P m., from the causes and on the date stated above.

SIGNATURE M F Buell — (Degree or title) M.D. — ADDRESS Easton Md — DATE SIGNED 10-21-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial — DATE THEREOF Oct 21 — NAME OF CEMETERY OR CREMATORY Trappe — LOCATION (City, town, or county) Trappe — (State) Md

DATE REC'D BY LOCAL REG. 10/21/50 — REGISTRAR'S SIGNATURE N.H. Neerus — 24. FUNERAL DIRECTOR Lewis H Baynes — ADDRESS Cambridge Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
OCT 31 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

10588

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY: Talbot; STATE: MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Easton; LENGTH OF STAY (In this place): 1 Hr.; HOSPITAL OR INSTITUTION OR STREET ADDRESS: Easton Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY: Caroline; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural Greensboro; STREET ADDRESS (If rural give location): None

3. NAME OF DECEASED (Type or Print): (First) Marshall (Middle) (Last) Roy

4. DATE OF DEATH: (Month) 10 (Day) 20 (Year) 50

5. SEX: Male

6. COLOR OR RACE: Col.

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: 4/15/1899

9. AGE last birthday: 51 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farm Tennant

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Jenkins Roy

14. MOTHER'S MAIDEN NAME: Harriett Earl

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Joseph Roy Greensboro Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
976X Immediate cause	(a) Shock - Hemorrhage	3 Hrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 164c	(b) Gun Shot wound - Face & Head	3 Hrs.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Home | (CITY OR TOWN) Greensboro (COUNTY) Caroline (STATE) Md.

TIME OF INJURY (Month) Oct (Day) 20 (Year) 1950 (Hour) 1 A m. | INJURY OCCURRED While at work ☐ Not while at work ☑ | HOW DID INJURY OCCUR? Gun Shot Wound - Self inflicted

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☑, homicide ☐, undetermined ☐.*

SIGNATURE: Dawson T. George (Degree or title) Dpty Medical Examiner ADDRESS: Denton Md. DATE SIGNED: 10/22/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE THEREOF: 10/22/50 | NAME OF CEMETERY OR CREMATORY: Cokers | LOCATION (City, town, or county) (State): Greensboro Md.

DATE REC'D BY LOCAL REG. 10/21/50 | REGISTRAR'S SIGNATURE: N. H. Nevins | 24. FUNERAL DIRECTOR: R. B. Rawlings | ADDRESS: Greensboro Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
OCT 31 1950
BUREAU OF S

MARYLAND STATE DEPARTMENT OF HEALTH

10589

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 290

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY: Talbot — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Easton — LENGTH OF STAY (In this place): 2 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Easton Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland — COUNTY: Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural Greensboro
STREET ADDRESS (If rural, give location): None ✓

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) Hester (Last) Roy

4. DATE OF DEATH: (Month) 10 (Day) 21 (Year) 50

5. SEX: F.

6. COLOR OR RACE: Col.

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widowed

8. DATE OF BIRTH: 1/10/1905

9. AGE last birthday: 45 yrs. — If under 1 year: Months / Days — If under 24 hrs: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Charlie Green

14. MOTHER'S MAIDEN NAME: Annie Wheatly

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 213-18-5275

17. INFORMANT AND ADDRESS: Elwood Roy Greensboro, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Shock - Hemorrhage — 2 days

981X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Gun Shot wound of Head —

166 (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☑ OR CONTRIBUTING ☐ CAUSE OF DEATH. — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Home — (CITY OR TOWN): Greensboro — (COUNTY): Caroline — (STATE): Md —

TIME OF INJURY (Month) (Day) (Year) (Hour): Oct 20 1950 10 a.m. — INJURY OCCURRED While at work ☐ Not while at work ☑ — HOW DID INJURY OCCUR?: Shot in Head by Husband —

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☑, undetermined ☐.*

SIGNATURE (Degree or title): Dawson T George Dpty Medical Examiner — ADDRESS: Denton Md — DATE SIGNED: 10/22/50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 10/24/50 — NAME OF CEMETERY OR CREMATORY: Coker's — LOCATION (City, town, or county) (State): Greensboro, Md.

DATE REC'D BY LOCAL REG.: 10/22/50 — REGISTRAR'S SIGNATURE: N.A. Nevins — 24. FUNERAL DIRECTOR: R.B. Rawlings — ADDRESS: Greensboro Md.

RECEIVED
OCT 31 1950
BUREAU V. S

Oct 17

10590

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH · COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton, Md
LENGTH OF STAY (in this place) 12 hrs 35 min
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED · STATE Maryland COUNTY Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Federalsburg, Md.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Alvin (Middle) (Last) Salmons
4. DATE OF DEATH (Month) Oct. (Day) 18 (Year) 1950

5. SEX M
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH May 3, 1935
9. AGE last birthday 15 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none - school
10b. KIND OF BUSINESS OR INDUSTRY student
11. BIRTHPLACE (State or foreign country) Federalsburg
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Mr. Charles Salmons
14. MOTHER'S MAIDEN NAME Bessie Bradley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT Charles Salmons - Father

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

260X Immediate cause (a) diabetic cause — INTERVAL BETWEEN ONSET AND DEATH 3 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

61 (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 17 Oct, 1950, to 18 Oct, 1950, that I last saw the deceased alive on 18 Oct, 1950, and that death occurred at 2:00 A.m., from the causes and on the date stated above.

SIGNATURE Thomas Mr. Harrison (Degree or title) M.D. ADDRESS Carlton, Maryland DATE SIGNED 19 Oct 50

23. BURIAL, CREMATION REMOVAL (Specify)
DATE THEREOF Oct. 20, 1950
NAME OF CEMETERY OR CREMATORY Fillcrest Cem.
LOCATION (City, town, or county) (State) Federalsburg, Md.

DATE REC'D BY LOCAL REG. 10/19/50
REGISTRAR'S SIGNATURE N. H. Neerie
24. FUNERAL DIRECTOR J. Harvey Williamson - Federalsburg, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
OCT 24 1950
BUREAU OF S

Harrison 10591

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH · COUNTY: Talbot MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Maryland COUNTY: Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Trappe — LENGTH OF STAY (in this place): 13 years	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Trappe
HOSPITAL OR INSTITUTION OR STREET ADDRESS: (Rural)	STREET ADDRESS (If rural, give location): Rural

3. NAME OF DECEASED (Type or Print): (First) Georgianna (Middle) (Last) Saunders — 4. DATE OF DEATH: (Month) Oct. (Day) 17 (Year) 1950

5. SEX: Female — 6. COLOR OR RACE: white — 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widow — 8. DATE OF BIRTH: Apr. 15, 1860 — 9. AGE last birthday: 90 yrs. — If under 1 year: Months 6, Days 2 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife — 10b. KIND OF BUSINESS OR INDUSTRY: Own home — 11. BIRTHPLACE (State or foreign country): Talbot Co. Md — 12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Thomas Burridge — 14. MOTHER'S MAIDEN NAME: Caroline Conway

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No — 16. SOCIAL SECURITY No.: None — 17. INFORMANT: Mr. Charles Saunders - Trappe, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary thrombosis — (3)

260X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension C-V disease — 4 years

61 (c) Diabetes mellitus — 4 years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1946, to 17 Oct, 1950, that I last saw the deceased alive on Apr, 1950, and that death occurred at 5:30 A.m., from the causes and on the date stated above.

SIGNATURE: Thomas Harrison — (Degree or title): M.D. — ADDRESS: Easton, Maryland — DATE SIGNED: 17 Oct 50

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 10/19/50 — NAME OF CEMETERY OR CREMATORY: Oxford — LOCATION (City, town, or county) (State): Oxford, Md.

DATE REC'D BY LOCAL REG.: 10/18/50 — REGISTRAR'S SIGNATURE: N. H. Neerus — 24. FUNERAL DIRECTOR: Maurice E. Newnam & Son — ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
OCT 24 1950
BUREAU OF S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10592

CERTIFICATE OF DEATH

Reg. Dist. No. 791

1. PLACE OF DEATH
COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town). OR TOWN St. Michaels
LENGTH OF STAY (in this place) MARYLAND Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN St. Michaels
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Harriett (Middle) Ann (Last) Shockley

4. DATE OF DEATH (Month) Oct. (Day) 20 (Year) 1950

5. SEX Female

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH Oct. 10 - 1872

9. AGE last birthday 78 yrs. If under 1 year Months ___ Days 10 If under 24 hrs. Hours ___ Min. ___

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Queen Anne County

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Thomas Van Sant

14. MOTHER'S MAIDEN NAME Eliza Pratt

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT AND ADDRESS Mrs. Malcalm Caplan St. Michaels, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

181X Immediate cause (a) Carcinoma of bladder — Interval between onset and death: 3 yrs

52b Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) ___ (c) ___

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1947, ~~19~~, to 10/20/, 19 50, that I last saw the deceased alive on 10/20/, 19 50, and that death occurred at 9 45 p m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

[signature] M.D. Easton Md 10/21/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF 10/23/50

NAME OF CEMETERY OR CREMATORY Olivet Cemetery

LOCATION (City, town, or county) (State) St. Michaels - Md.

DATE REC'D BY LOCAL REG. Oct. 23/50

REGISTRAR'S SIGNATURE Mrs Robt. L. Seth

24. FUNERAL DIRECTOR Norman D. Marshall ADDRESS St. Michaels Md.

M

I

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
OCT 24 1950
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10593

CERTIFICATE OF DEATH

Reg. Dist. No. 291

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bozman | LENGTH OF STAY (in this place) 39 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE New York COUNTY Oswego
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Constantia
STREET ADDRESS (If rural, give location) ✓

3. NAME OF DECEASED (Type or Print): (First) John (Middle) W (Last) Short M.D.

4. DATE OF DEATH: (Month) Oct. (Day) 15 (Year) 1950

5. SEX male | 6. COLOR OR RACE white | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married | 8. DATE OF BIRTH Aug 24 1880 | 9. AGE last birthday 70 yrs. | If under 1 year: Months, Days | If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Medical Doctor | 10b. KIND OF BUSINESS OR INDUSTRY — | 11. BIRTHPLACE (State or foreign country) New York | 12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME Rev. John L. Short | 14. MOTHER'S MAIDEN NAME Mary Castle

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no | (If year, give war or dates of service) no | 16. SOCIAL SECURITY No. 070-09-0176A | 17. INFORMANT AND ADDRESS Mrs. Ruth W. Short. Bozman, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Myocardial Infarction — Interval Between Onset and Death: 9/18/50

420.1 Antecedent cause(s)

9-a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic Coronary Disease — ?

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/18, 1950, to 10/15/1950, that I last saw the deceased alive on 9/30/, 1950, and that death occurred at 6:10 P m., from the causes and on the date stated above.

SIGNATURE R. Cox (Degree or title) M.D. ADDRESS Easton Md DATE SIGNED 10/16/50

23. BURIAL, CREMATION, REMOVAL (Specify) Cremation | DATE Oct 16, 1950 | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REG. Oct 16/50 | REGISTRAR'S SIGNATURE Mrs Ruth W. Short | 24. FUNERAL DIRECTOR Newnam & Harrison | ADDRESS St. Michaels Md

V3292

RECEIVED
OCT 19 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10594

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Skipton, Md
LENGTH OF STAY (in this place) 6 hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cordova Maryland
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) William (Middle) Washington (Last) Slaughter

4. DATE OF DEATH (Month) October (Day) 26 (Year) 1950

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH Sept. 1st 1879

9. AGE last birthday 71 yrs. If under 1 year: Months 1, Days 25; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer

10b. KIND OF BUSINESS OR INDUSTRY Farmer Farm owner

11. BIRTHPLACE (State or foreign country) Talbot

12. CITIZEN OF WHAT COUNTRY N.A.

13. FATHER'S NAME Theodore Slaughter

14. MOTHER'S MAIDEN NAME Henrietta Callahan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes. (If year, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT AND ADDRESS Mrs Wm W. Slaughter.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary thrombosis — INTERVAL BETWEEN ONSET AND DEATH: sudden

Antecedent cause(s)

420.1 940

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Coronary artery disease

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 1941, to Oct. 26, 1950, that I last saw the deceased alive on Aug. 17, 1950, and that death occurred at 2 30 p.m., from the causes and on the date stated above.

SIGNATURE Kurt Lederer (Degree or title) M.D. ADDRESS Queen Anne Md DATE SIGNED 10/30/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE Octobr 28, 1950 NAME OF CEMETERY OR CREMATORY Spring Hill LOCATION (City, town, or county) Easton (State) Maryland

DATE REC'D BY LOCAL REG. 10/27/50 REGISTRAR'S SIGNATURE N.H. Neerles

24. FUNERAL DIRECTOR [illegible] ADDRESS Easton Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
NOV 6 1950
BUREAU U. S.

10595

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH — COUNTY: TALBOT — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: EASTON R.F.D. — LENGTH OF STAY (in this place): 10 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md — COUNTY: Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Easton Md R.F.D.
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) (First) ROBERT (Middle) Vincent (Last) TILGHMAN
4. DATE OF DEATH (Month) Oct. (Day) 25 (Year) 1950

5. SEX: Male
6. COLOR OR RACE: C
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Jan. 2, 1877
9. AGE last birthday: 73 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farm owner
11. BIRTHPLACE (State or foreign country): Talbot County, Easton Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Scott Tilghman
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No. (If year, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT AND ADDRESS: Florence Tilghman Easton Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Chronic Myocarditis — 2 yrs.

422.2 Antecedent cause(s)

93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death. Generalized Anasarca

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 7, 1916, to 10-25, 1950, that I last saw the deceased alive on 10/24/50, 1950, and that death occurred at 5 A. m., from the causes and on the date stated above.

SIGNATURE: M. F. Buell — (Degree or title): M.D. — ADDRESS: Easton Md — DATE SIGNED: 10-25-50

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: 10-27-50 — NAME OF CEMETERY OR CREMATORY: Richardson Cemetery — LOCATION (City, town, or county) (State): Easton Md

DATE REC'D BY LOCAL REG.: 10/26/50 — REGISTRAR'S SIGNATURE: N. H. Neerus — 24. FUNERAL DIRECTOR: Earl Stafford — ADDRESS: Easton Md

000 VV

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
OCT 31 1950
BUREAU V. II

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10596

CERTIFICATE OF DEATH

Reg. Dist. No. 290

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Talbot; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton, Md; LENGTH OF STAY (in this place) 42y; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Talbot; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Walter	Gateway	Wood	October	24	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months.	Days	If under 24 hrs.: Hours	Min.
Male	White	Married	April 17, 1883	67 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Police Force	Dept of Police	Talbot County, Maryland	U.S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
George Wood	Matilda Harney

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No		None	Mrs Eliza Rees Wood, Easton, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Carcinoma of the prostate	1 year
177X Antecedent cause(s)		
51b Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED: While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
			m.		

22. I hereby certify that I attended the deceased from Jan, 1950, to 24 Oct, 1950, that I last saw the deceased alive on 24 Oct, 1950, and that death occurred at 6:30 P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Thomas Hanian	M.D.	Easton, Maryland	26 Oct 50

23. BURIAL, CREMATION / REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	October 27, 1950	Spring Hill	Easton, Maryland.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
10/25/50	N.A. Nevins	Wm. Stuart	Easton Md

6 04 18

RECEIVED
NOV 6 1950
BUREAU V. S